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Former Waiver Service	Former Code (s)	MLTSS Service	MLTSS Code			MLTSS Code Description
			Code	Mod	Method/ Unit	
Adult Family Care (GO)	Y7573	Adult Family Care	S5140		Per Diem	Foster care, adult; per diem
Assisted Living Residence - 1 day (GO)	Y9633, T2031	Assisted Living Services (ALR - Assisted Living Residence)	T2031		Per Diem	Assisted living, waiver; per diem
Comprehensivce Personal Care Home - 1 day (GO)	Y7574	Assisted Living Services (CPCH - Comprehensive Personal Care Home)	T2031	U1	Per Diem	Assisted living, waiver; per diem
Assisted Living Program - 1 day (GO)	Y9634	Assisted Living Program (ALP)	T2031	U2	Per Diem	Assisted living, waiver; per diem
Behavioral Programs (TBI)	H0004 ST 22, Y7564, Y7566	Behavior Management (TBI)	H0004		15 minutes	Behavioral health counseling and therapy, per 15 minutes (Individual)
Behavioral Programs (TBI)	H0004 ST 22, Y7564, Y7566		H0004	HQ	15 minutes	Behavioral health counseling and therapy, per 15 minutes (Group)
Caregiver/Participant Training (GO)	Y9848, S5111, Y9849	Caregiver/ Participant Training	S5111		One Visit per day	Home care training, family; per session
Chore Service (GO)	S5120 52, Y9838, S5120 22, S5121, Y9837	Chore Service	S5120		15 minutes	Chore services; per 15 minutes
			S5121		Per Diem	Chore services; per diem
Therapies through a CRS or Day Program – Cognitive Rehabilitative Therapy AND Therapies through a CRS or Day Program - Cognitive Rehabilitation <b>Group Therapy (TBI)</b>	97532 ST 22; T2012 HQ ST	Cognitive Therapy	T2013		One Hour	Habilitation, educational; waiver; per hour (Individual)
			T2013	HQ	One Hour	Habilitation, educational; waiver; per hour (Group)
Community Residential Services Low, Moderate and High Level of Supervision (TBI)	Y7435, Y7436, Y7437	Community Residential Services (CRS)	T2033		Per Diem	Residential care, not otherwise specified (NOS), waiver; per diem (e.g., Low Level Supervision)
			T2033	TF	Per Diem	Residential care, not otherwise specified (NOS), waiver; per diem (e.g., Moderate Level Supervision)
			T2033	TG	Per Diem	Residential care, not otherwise specified (NOS), waiver; per diem (e.g., High Level Supervision)
Community Transition Services (CRPD, GO)	T2038 (CRPD), T2038, T2038 HC (GO)	Community Transition Services	T2038		Per Service	Community transition, waiver; per service
			T2038	U6	Per Service	Administration
Home Based Supportive Care (GO)	Y9845, T1022. Y9846, Z1200, Z1205, Z1290, Z1295, S5130 22, S5130 TV 22	Home Based Supportive Care	S5130		15 Minutes	Individual Homemaker service, NOS; per 15 minutes
			S5130	HQ	15 Minutes	Group Homemaker service, NOS, per 15 minutes

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			S5130	U1	15 Minutes	Group Homemaker service, NOS, per 15 minutes. Group Homemaker service, NOS, per 15 minutes. The code is to be used ONLY as a continuity of care code for existing recipients of HBSC when the member requires assistance with both ADLs and IADLs for a period of no longer than 180 days. This code is being implemented to allow HBSC providers who are not accredited as PCA providers to continue to provide services and be paid for a continuity of care period of no longer than 180 days beginning July 1, 2014. This code will expire 1/1/2015. THIS CODE EXPIRES 1/1/2015
			S5130	U2	15 minutes	Group Homemaker service, NOS, per 15 minutes. Group Homemaker service, NOS, per 15 minutes. The code is to be used ONLY as a continuity of care code for existing recipients of HBSC when the member requires assistance with both ADLs and IADLs for a period of no longer than 180 days. This code is being implemented to allow HBSC providers who are not accredited as PCA providers to continue to provide services and be paid for a continuity of care period of no longer than 180 days beginning July 1, 2014. This code will expire 1/1/2015. THIS CODE EXPIRES 1/1/2015
Home Delivered Meal Service (GO)	S5170, Y9847	Home Delivered Meals	S5170		Per Service - One meal per day	Home delivered meals, including preparation; per meal
Personal Emergency Response System Pill Dispenser – 1 Installation (GO)	S5160 22	Medication Dispensing Device (Set Up)	T1505		Per Service	Electronic medication compliance management device, includes all components and accessories, not otherwise classified
Personal Emergency Response System Pill Dispenser – 1 Monthly Monitoring Fee (GO)	S5161 22	Medication Dispensing Device (Monthly Monitoring)	S5185		Monthly	Medication reminder service, nonface-to-face; per month
NA		MLTSS PCA	Current codes			Codes per State Plan - <b>Not a stand alone MLTSS benefit</b>
Transportation - Non Medical (GO)	Y9835, T2002, Y9834, A0080	Non-Medical Transportation	T2002		per diem	Nonemergency transportation; per diem; <b>Not a stand alone MLTSS benefit.</b>
			T2003		Per Service	Nonemergency transportation; encounter trip; <b>Not a stand alone MLTSS benefit.</b>
NA		Nursing Facility Services (Custodial)	Revenue Codes 0100, 0119, 0129, 0139, 0149, 0159, 0169		NA	Revenue Codes 0100, 0119, 0129, 0139, 0149, 0159, 0169.
			SCNF - Revenue Codes 0100, 0119, 0129, 0139, 0149, 0159, 0169.		NA	SCNF - Revenue Codes 0100, 0119, 0129, 0139, 0149, 0159, 0169.
Therapies through a CRS or Day Program – <b>Occupational - Individual and Group (TBI)</b>	97535 ST (Indiv), S9129 HQ ST (Group)	Occupational Therapy (Group & Individual)	97535	U2	15 minutes	Occupational Therapy, 15 Minutes, (Individual - Maintenance Therapy) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIERS MUST be included.
			97535	U3	15 minutes	Occupational Therapy, (Group - Maintenance Therapy) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIERS MUST be included.

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			97535	U4	15 minutes	Occupational Therapy (Individual) 15 minutes: Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIERS MUST included on any claim where the service is for MLTSS members with TBI diagnosis. One session per day.
			97535	U5	15 minutes	Occupational Therapy: (Group), 15 minutes: Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for MLTSS members with TBI diagnosis. One session per day.
Personal Emergency Response System – 1 Installation (CRPD, GO)	S5160 (CRPD); S5160, Y9839 (GO)	Personal Emergency Response System (PERS: Set up)	S5160		Per Service	Emergency response system; service fee, Installation
Personal Emergency Response System – 1 Monthly Monitoring Fee (CRPD, GO)	S5161 (CRPD); S5161, Y9843 (GO)	Personal Emergency Response System (PERS: Monthly Monitoring)	S5161		Per Month	Emergency response system; service fee, per month - Standard Landline Unit
			S5161	U1	Per Month	Emergency response system; service fee, per month - Cellular Unit
			S5161	U2	Per Month	Emergency response system; service fee, per month - Cellular Unit with Fall Detection
			S5161	U3	Per Month	Emergency response system; service fee, per month - Mobile Unit
Therapies through a CRS or Day Program – <b>Physical (Group and Individual) (TBI)</b>	S8990 ST (Indiv); S9131 HQ ST (Group)	Physical Therapy (Group & Individual)	97110	U2	15 minutes	Physical therapy; 15 Minutes (Individual - Maintenance Therapy) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER of U4 for Individual and U5 for Group MUST be included on any claim where the service is for habilitative therapy.
			97110	U3	15 minutes	Physical therapy; 15 minutes (Group - Maintenance Therapy) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER of U4 for Individual and U5 for Group MUST be included on any claim where the service is for habilitative therapy.
			97110	U4	15 minutes	Physical Therapy: (Individual), 15 minutes: Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for MLTSS members with TBI diagnosis. One Session per day.
			97110	U5	15 minutes	Physical Therapy: (GROUP), 15 minutes, Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for MLTSS members with TBI Diagnosis. One Session per day
PDN (Private Duty Nursing) - CRPD	Z1710, Z1715, S9124, Z1720, Z1725, Z1730, Z1735, Z1740, Z1745	Private Duty Nursing	T1000	UA	15 minutes	<b>RN/LPN</b> Private duty / independent nursing service(s) - licensed, up to 15 minutes
			T1002	UA	15 minutes	<b>RN only</b> Private duty / independent nursing service(s) - licensed, up to 15 minutes
			T1003	UA	15 minutes	<b>LPN Only</b> Private duty/independent nursing service(s); licensed, up to 15 minutes

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Environmental Modifications (CRPD); (EAA) Environmental Accessibility Adaptation (GO)	S5165, S5165 52 (CRPD); S5165, Y9795 (GO)	Residential Modifications	S5165		Per Service	Home modifications; per service
			T1028 (Eval)		Per Service	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs
Respite Care (TBI); Respite Care: 8 hour Day. Respite Care : 8 hour night. Respite Care - Day >8<12, Respite Care Night >8<12, Respite Care - >12 <24, Respite Care – Nursing Facility, Respite Care – ALF or AFC – Per Diem (GO)	Y7456, Y7458, Y7463, (TBI): Z1210, S9125, Y9793, Z1215, Z1220, Z1225, Z1230, Z1285, Y9792, S5151 (GO)	Respite (Daily & Hourly)	T1005		15 minutes	Respite care, in the home, per 15 minutes
			S5151		Per Diem	Unskilled respite care, not hospice; per diem
		NF Respite	REV 0663		DAILY	Daily respite Care in a Nursing Facility
Social Adult Day Care (GO)	Z1235, Y9853, S5102	Social Adult Day Care	S5102	U3	Per Diem	Day care services, adult; per diem
Therapies through a CRS or Day Program – <b>Speech Individual and Group (TBI)</b>	Y7556	Speech, Language & Hearing Therapy (Group & Individual)	92507	U3	15 minutes	Speech therapy, per diem (Individual - Maintenance Therapy) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIERS MUST be included.
			92508	U3	15 minutes	Speech therap, per diem (Group - Maintenance Therapy) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIERS MUST be included.
			92507	U4	15 minutes	Speech Therapy: (Individual), 15 minutes: Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for MLTSS members with TBI diagnosis. One Session per day.
			92508	U4	15 minutes	Speech Therapy: (Group), 15 minutes: Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for MLTSS members with TBI diagnosis. One Session per day.
Structured Day Program (TBI)	S5102 ST, S5109, S5101 ST	Structured Day Program	S5100		15 minutes	Day care services, adult; per 15 minutes
Supported Day Program (TBI)	Y7443	Supported Day Services	T2021		15 minutes	Day habilitation, waiver; per 15 minutes
Environmental Adaptations- Vehicle (GO) ;	S5165, S5165 52, Y9795, Y9854	Vehicle Modifications	T2039		Per Service	Vehicle modifications, waiver; per service
			T2039	U7 (Eval)	Per Service	